

Women-Specific Alcohol and Other Drug Abuse (AODA) and Women and Mental Health (MH)

Women and AODA

Dependence on alcohol and other drugs is a commonly overlooked women's health problem. Moreover, even minor use of substances by pregnant women and the elderly is a serious health problem. Yet, nearly one-third of alcohol-dependent people are women. Alcoholism is the third leading cause of death among American women between the ages of 35 to 55, and the fourth leading cause of death for Wisconsin women.

Additionally:

- Alcoholism decreases a woman's life expectancy by an estimated 15 years.
- Suicide, alcohol-related accidents, and liver disease are 50 to 100 percent more common in female alcoholics than male alcoholics.
- According to the Centers for Disease Control and Prevention, Wisconsin leads the nation in alcohol consumption by women aged 19-44. The national average is 50 percent and in Wisconsin the average is 68 percent.
- In a Wisconsin study, 32 percent of pregnant women admitted to using alcohol during pregnancy, the national average is 18 percent.
- Alcohol-related health problems specific to women are breast cancer, cervical cancer, osteoporosis, and liver disease.
- As many as two-thirds of substance-abusing and dependent women may have a co-occurring mental illness.
- 70 percent of substance-abusing women report histories of physical and/or sexual abuse.
- 70 percent of substance-abusing women report a history of illicit drug use by at least one sibling.
- Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) represent the leading cause of preventable mental retardation in the United States.
- Wisconsin leads the nation in women of childbearing age (between 19-44 years) who binge drink alcohol at 19 percent; the national average is 12 percent.
- FAS is the leading known cause of mental retardation today.
- FAS is two times more prevalent than Down's Syndrome and five times more prevalent than Spina Bifida.
- At least 5,000 babies are born in the US each year with FAS or approximately 1 out of every 750 live births. FAE affects 1 out of every 100 babies born in North America.
- Each year 35,000-50,000 babies are born with FAE (Fetal Alcohol Effects) that will interfere with their ability to function in life.
- Based on nationwide study, annually in Wisconsin, 70-80 babies are born with FAS and 150-200 babies born with FAE. Knowing that Wisconsin's statistics are higher than the national statistics of women of childbearing age who consume alcohol, the number of incidence of FAS/E could be greater in Wisconsin.

Generally, women are more sensitive to alcohol than men. In addition to the usual consequences, female alcoholism produces specific health problems and presents great risks in pregnancy: maternal alcoholism is the largest avoidable cause of mental retardation in the newborn in western countries. Female alcoholism is often associated with depression.

The female alcoholic

Anxiety, depression and loneliness are found in the majority of female alcoholics [1, 2]. Nearly 80 percent are aged 35 years or more, of whom 51 percent are 35 to 50 years. Almost 80 percent of women justify their alcoholism by psycho-affective problems [1,3].

Female susceptibility to alcoholism

At equal weight and age and the same amount of alcohol, blood alcohol in women is higher than in men [1, 3, 4]. The enzyme implicated in the degradation of alcohol has a lower activity in women which is often used to explain this phenomena [1, 3-5]. In addition, the tissue and blood alcohol concentration increases faster in

women than in men because of their lower amount of body water [1, 3]. Fluctuations in ovarian hormones during the menstrual cycle affect the metabolism of alcohol. Also, oral contraceptives and the menopause increase susceptibility to alcohol [1, 3-6].

Health problems associated with female alcoholism

Cirrhosis appears more quickly in women than in men having the same daily consumption of alcohol. A larger number of alcoholic women die from cirrhosis of the liver than alcoholic men. The reasons for this sensitivity are not yet clear. The combination of estrogens and alcohol could be harmful to the liver [1, 3, 4].

- Chronic consumption of alcohol in women increases the risk of breast cancer [1, 2].
- Chronic intoxication can cause sterility in alcoholic women [1].

Female alcoholism and depression

Female alcoholics frequently present an associated depression, which is different from men [1, 7]. Almost 50 percent of female alcoholics have had at least one suicide attempt. Some women seem to be more susceptible, especially those in the age range 35-49 years, single women, divorced women [3].

Addiction and Trauma

There is a high correlation for women between trauma and substance use and abuse. Underlying violent events, particularly for children, may contribute to ongoing depression for women as they grow to adulthood. Unresolved issues of trauma may lead to post-traumatic stress disorder (PTSD). Individuals affected by PTSD may continue to live in fear and vigilance, even if trauma is not part of their current experience. PTSD often emerges as a contributing factor for women who are substance abusers, although if the trauma or violence was experienced by the women as children, it may take some time in treatment for these issues to emerge.

Substance Abuse and Eating Disorders

Substance use and abuse, particularly of stimulants, marijuana, and opiates, are correlated with eating disorders among women, especially bulimia [8]. In a study of the correlation between substance abuse and eating disorders, rates of alcohol and other drug dependence among eating disordered patients ranged 12 to 50 percent, while alcohol and drug dependent patients were 26 to 31 percent more likely to have a co-occurring eating disorder [9].

References :

1. Glass-Crome I. B. Biological Aspects of Alcoholism-Implications for Prevention, Treatment and Policy. Gender Related issues in Alcohol Problems Research-a Special Need Group. pp163-176. B.Tabakoff & P.L.Hoffmann Editors. 1995.
2. Anderson P. Alcohol and Public Policy. Alcohol and risk of physical harm. Cancer of the female breast. pp 82-103. 1995.
3. Archambault J C et Chabaud A. Alcoologie. Masson. 1995.
4. Mezey E. Alcoholism metabolism in men and women-reply. Alcoholism (NY), 14: 785-786, 1990.
5. Frezza M. High blood alcohol levels in women : The role of decreased gastric alcohol consumption. Alcohol dehydrogenase and first-pass metabolism. New England Journal of Medecine 322(2):95-99, 1990.
6. Tate D.L. & Charette L. Personality, alcohol consumption and menstrual distress in young women. Alcohol : clinical and experimental research, 15: 647-652.
7. Harper C.G. et coll. The effects of alcohol on the female brain - a neuropathological study. Alcohol and Alcoholism 25: 445-448, 1990.
8. Blume, 1990; Evans & Lacey, 1992; Nelson-Zulpko, et al., 1995; Schuckit, et al., 1996.
9. Lesieur & Blume, 1994.

Gender-Specific Approaches to Treatment

Women need a gender specific approach to substance abuse treatment because the substance abuse experience for women is totally different than the experience for men. There are certain predisposing psychological, family, and social risk factors that are more common in the substance-abusing woman. The psychological factors are disorders of mood such as depression, anxiety, negative self-identity, low self-esteem, poor self-conflict, lack of adequate coping skills, and poor social support systems. In the family risk factors, women are more likely to have experienced childhood abuse, especially sexual, greater incidence of parental addiction, parental mental illness, and parental deprivation or rejection, early separation from parents through divorce or death, and greater incidence of family violence. In the social risk factors, women are more likely to have been socially isolated as children, come from low-income households, have experienced discrimination as adults, and be caring for their children alone.

The strongest impetus for women seeking treatment is problems in their relationships, especially with their children or partner. Women do not typically seek treatment for substance abuse for a variety of reasons, including potential out-of-home child placements, the perception that women are society's moral gatekeepers, and the societal stigma generally associated with substance abuse. Treatment is effective and improves the overall condition of women's lives. Current statistics show that among the number of women discharged from substance abuse treatment centers across the State of Wisconsin, 50 percent abstained or reduced usage behavior, 55 percent improved relationships, and 62 percent improved their employment status.

Women and Mental Health

Women appear to face mental health risks and confront barriers in receiving treatment that are different than those experienced by men. In the 1999 "Mental Health: Report of the Surgeon General," emphasis is placed on the concept that mind and body are inseparable. Mental health is inseparable from physical health. It is important that physicians be aware of prevalence rates and contributing factors as well as the barriers in mental health care that women may face in seeking to lead healthy lives.

Comparative United States Prevalence Rates for Mental Health Disorders

- Nearly twice as many women than men are affected by a depressive disorder each year.
- Women report attempting suicide about twice as often as men.
- 20 to 40 percent of women may experience Premenstrual Syndrome. An estimated 3 to 5 percent have symptoms severe enough to be classified as Premenstrual Dysphoric Disorder.
- Postpartum depression can disable some women and may also be preceded by undetected depression.
- Women are nearly twice as likely as men are to suffer from anxiety disorders.
- Female risk of developing PostTraumatic Stress Disorder (PTSD) following trauma has been shown to be two times that of males. They are also more likely to develop long-term PTSD and have higher rates of co-occurring medical and psychiatric problems than do males with the disorder.
- More than 90 percent of people in the U.S. who have eating disorders are young women.
- Despite similarities in schizophrenia rates for men and women, there are differences in age of onset, pattern of symptoms, and treatment responses. In addition, a significant proportion of women with schizophrenia experience increased symptoms during pregnancy and postpartum.

Some Contributing Factors to Gender Differences in Prevalence Rates/Greater Vulnerability of Women

- Hormonal factors.
- Multiple roles in the home and at work.
- Increased risk of raising children alone.
- Increased likelihood of women to be poor: women and children represent 75 percent of the U.S. population considered poor. Low economic status brings with it many stresses, including isolation, uncertainty, frequent negative events and poor access to helpful resources, including health insurance. Low-income women and children have been shown to be at elevated risk of severe victimization and violence.
- Increased risk for violence and abuse: Far more women than men are sexually abused as children. Women molested as children are more likely to have mental health problems than those with no such history. Women who experience other forms of abuse such as physical abuse, domestic violence and sexual harassment also may experience higher rates of depression. Studies also have shown a higher incidence of depression among women who have been raped as adolescents or adults.

Some Cultural Considerations

- Possible differences in coping styles or symptom presentation may affect the way mental health concerns are recognized and diagnosed among minorities (e.g., depression may be diagnosed less frequently in African American women and slightly more frequently in Hispanic women than in Caucasian women).
- Racial and ethnic minorities are less likely than Caucasians to have access to treatment, and those who do often receive a lesser quality of care.
- Cultural differences in care-seeking behavior and the perception of stigma affect access to treatment.
- Minorities in vulnerable populations, such as African Americans who are homeless, have been shown to have a higher prevalence of mental disorders than Caucasians.

Some Barriers Women Face in Receiving Appropriate Diagnosis/Treatment

- Masked symptoms of mental health problems, such as gastrointestinal symptoms, especially in older women or in women who have experienced abuse or violence.
- Lack of recognition of co-occurring disorders, e.g., additional mental illness or substance abuse; medical practitioners who may focus on substance abuse and delay or omit mental health referrals.
- Low self-esteem, passiveness or concerns about stigma that strain care seeking.
- Obligations to children, family and work that impede seeking and obtaining treatment.
- Access to health insurance or insurance that provides mental health benefits.
- Women experiencing mental illness face many additional risks and challenges, including victimization, abusive relationships, financial and sexual exploitation, substance abuse, sexually transmitted diseases, unexpected pregnancies and significant problems with parenting.